

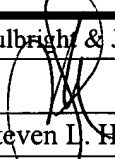
<b>TRANSMITTAL</b> <b>FORM</b> APR 08 2005 RECEIVED	<b>Application Number:</b>	09/061,417
	<b>Filing Date:</b>	April 16, 1998
	<b>First Named Inventor:</b>	Eric N. Olson
	<b>Art Unit:</b>	1632
	<b>Examiner Name:</b>	M. Davis
Total Number of Pages in this Submission : _____		<b>Attorney Docket Number:</b> MYOG:029US

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> References _____ <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Declaration(s) _____ <input type="checkbox"/> Copy of Notice of Missing Parts	<input type="checkbox"/> Drawings(s) _____ <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Statement under 37 CFR §3.73(b) <input type="checkbox"/> Designation of Patent Practitioners <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Check in the amount of \$500.00 <input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: <u>50-1212/MYOG:029US/SLH</u> <input type="checkbox"/> Sequence Statement <input type="checkbox"/> Paper Copy of Sequence Listing <input type="checkbox"/> Computer Readable Form (CRF) <input checked="" type="checkbox"/> Postcard <input checked="" type="checkbox"/> Request for Oral Argument
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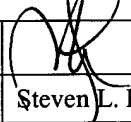
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<b>Signature</b>			
<b>Printed Name</b>	Steven L. Highlander	<b>Reg. No.</b>	37,642
<b>Date</b>	April 6, 2005		

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Date

Steven L. Highlander

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Eric N. OLSON et al.

Serial No.: 09/061,417

Filed: April 16, 1998

For: METHODS AND COMPOSITIONS FOR  
THERAPEUTIC INTERVENTION IN  
CARDIAC HYPERTROPHY

Group Art Unit: 1632

Examiner: M. Davis

Atty. Dkt. No.: MYOG:029US/SLH

**REQUEST FOR ORAL ARGUMENT**

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Sir:

In accordance with 37 C.F.R. § 1.194, Appellants respectfully request an oral hearing be granted in connection with the referenced appeal. A check in the amount of \$500.00, in accordance with 37 C.F.R. § 1.17(g) is enclosed herewith. If this check is insufficient, or inadvertently not attached, the Commissioner is authorized to deduct any required fees for any reason relating to this document under 37 C.F.R. §§ 1.16 to 1.21 from Fulbright & Jaworski

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Respectfully submitted,



Steven L. Highlander  
Reg. No. 37,642  
Attorney for Applicants

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Date: April 6, 2005